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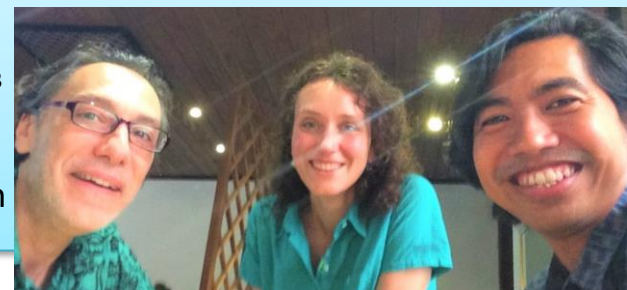
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A qualitative study on psychiatrists' experiences of the Universal Health Coverage (UHC) in psychiatric daily practice in Indonesia

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We welcome questions and suggestions:
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Background

Indonesia, a middle-income country, introduced the Universal Health Coverage (UHC) in 2014. UHC is important for people suffering from mental health conditions because it aims to achieve equity in access to essential quality health services and it reduces out-of-pocket spending. The Indonesian National Health Survey indicates that 9.8% of the population suffer from a mental condition with many not receiving treatment.

Aim

To obtain insight into psychiatrists' experiences of the Universal Health Coverage (UHC) with a focus on improving access and care.



Bangli psychiatric hospital

Method

This is a cross-cultural qualitative study in line with the interpretivist approach. We conducted semi-structured interviews with half (i.e. 23) of the psychiatrists working in Bali, Indonesia, sampled from different regencies.. Data were analysed through thematic analysis.

Conclusion

UHC is promoted internationally as a clear pursuit of equity and social justice. While, according to the participants in our study, the UHC improved access to mental healthcare in Indonesia to some extent, cultural belief systems and integration of services for patients with chronic mental illness are key to patients' recovery and still need to be taken into account.

Findings

1. Patients accessing services

Most participants noticed a small increase in the number of patients accessing services, and a shift in the types of conditions presented.

Concerns remained about lack of access in rural areas or more deprived regencies. Stigmatisation and supernatural beliefs were perceived as delaying help seeking.

They have faith in the traditional healer so if they see one and the patient is getting better then they don't think they need to go to the hospital.

Who will support the chronic patient? Cause they might need more medicine, more treatment, but the UHC would like to pay the lowest medicine for a short period....It's hard if we give good medicine here, then we discharge them into the community, but there is not the same medicine.

2. Providing quality mental healthcare

Psychiatrists experienced ongoing challenges with the UHC that affected the efficiency of care and patient relapse. These restrictions related to the UHC covering only ICD diagnostic codes, and a lack of resources and integrated system between primary care and psychiatric services.

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